Transportation Improvement Account (TIA)

Urban Program Application

98 - ___ - ___ ___ ___ (___ ___)
For TIB Use Only

Section 1 - GENERAL INFORMATION

TIA Region	Agency Number	Agency Priority Number
Lead Agency	Mailing Address	
Project Name & Termini		
Contact Person	Phone Number	FAX Number
Functional Classification ❑ Principal ❑ Minor ❑ Collector		Annual Average Daily Traffic (AADT)
Length in Miles	Federal Route Number	Legislative District

Project Justification
Describe current conditions, reasons for project submittal, and specific problems the project addresses.

Public Involvement
Describe current public involvement in the project, and public viewpoint (if known). Indicate schedule of public meetings related to the project development. Meaningful and timely public input is required.

Description of Proposed Improvements

- Describe the type of work planned for the project.
- List the anticipated construction start date.
- Attach a detailed 8½" x 11" vicinity map showing the project location.

Section 2 - MULTIAGENCY PROJECTS

Does this project include more than one agency?

❑ Yes ❑ No

If yes, list the jurisdictions involved and describe in detail their involvement in the project. Provide letters of commitment from all involved agencies (i.e. WSDOT, cities, counties, ports, transit, or transit authorities)) including their financial contribution. For projects with WSDOT involvement, list the State Route milepost and WSDOT Project Identification Number.

Section 3 - MULTIMODAL/INTERMODAL PROJECTS

Does this project include more than one mode of transportation?

❑ Yes ❑ No

If yes, describe the other modes of transportation and their relationship to the project. Attach a Comprehensive Bicycle Plan if the project includes bicycle facilities. If the route is a designated truck route, indicate percentage of truck traffic.

Section 4 - SAFETY/MOBILITY

Write the explanations for Items 5, 6, and 7 in terms of the service level method utilized by your agency. Include all applicable modes.

Safety

1. Complete Attachment A, TIA Accident Reduction & Annual Benefit Worksheet.
2. Complete Attachment B, TIA Accident Reduction Summary Sheet.

Mobility

1. Complete and attach a TIB Arterial Inventory Sheet (TIB Form 190-002) reflecting existing conditions.
2. Complete and attach a TIB Arterial Inventory Sheet (TIB Form 190-002) reflecting projected conditions with the completed arterial improvements. All Control, Section, Geometric & Miscellaneous, and Signalized Intersection sections must be completed. Refer to Appendix A for assistance in completing the form. For projects on new alignments, provide information on an affected adjacent roadway(s) with projected traffic volumes.
3. Has the agency adopted a Service Level Standard?

   ❑ Yes ❑ No

   What is the Service Level and how is it obtained? The Service Level will be determined by the agency. The term "Service Level" includes concepts such as Level of Service, Volume/Capacity, Travel Time Savings, or similar concepts with consideration to project related modes of surface transportation.

4. Describe how the proposed project will improve the mobility of the route including modes of transportation, innovative techniques, etc.

5. Describe the existing traffic conditions.

6. Describe the projected traffic conditions at project completion.

7. Describe the projected traffic conditions ten years after project completion.

Section 5 - ECONOMIC DEVELOPMENT

1. Does this project relate to existing or foreseeable economic development?

   ❑ Yes ❑ No

   If yes, attach a brief narrative of how this project relates to economic development. Economic development can include new development, or redevelopment to a higher use for retention of jobs. Include such items as a description of the new development, private sector capital investment, number of jobs created/retained, relationship of transportation improvements to this development, status of development, and schedule for completion if not completed. Provide any information you consider helpful in our evaluation.

2. Is the project in a development moratorium area caused by inadequate transportation facilities?

   ❑ Yes ❑ No

3. Describe how the project supports mobility needs of business, industry, employees, goods, and freight.

4. Is the project located in an economically distressed county or area as defined by the Department of Community Development? If yes, attach supporting documentation

   ❑ Yes ❑ No

Section 6 - TRANSPORTATION & GROWTH POLICY PLANS

Describe how the project supports adopted local, regional, and state transportation and growth policies/plans
Include the current Six Year Transportation Program with your application package

Section 7 - OTHER ITEMS

Other items for which the project may receive points may include
(Check all items that apply)

- ❑ Pavement Management Program in use (attach description)
- ❑ Project related TDM measures implemented (attach description)
- ❑ Design completed & project is ready for construction
- ❑ Project includes innovative features (i.e. ITS) (attach description)
- ❑ Right of way secured
- ❑ Signal interconnect in project
  Number of intersections _____
- ❑ Lead agency has adopted local option or other dedicated local taxes for transportation projects

Section 8 - SOURCE OF LOCAL MATCHING FUNDS

- Identify private match (i.e. developer funds, LID, etc.)
- Local match is considered to be eligible in-kind contributions and all funds other than TIB funds
- The minimum local fund match is 20% of the total project cost

Source of Local Match	Private Match (Y or N)	Amount
1.		
2.		
3.		
4.		
5.		
6.		
	Total Local Matching Funds	

Section 9 - PROJECT COST ESTIMATE

ESTIMATED PREDESIGN PHASE COST[1]

Environmental Study TIA Funds	Design Study TIA Funds	Total Predesign TIA Funds	Predesign Local Funds	Total Predesign Phase Cost (TIA & Local)

ESTIMATED DESIGN PHASE COST

Design Engineering TIA Funds	Right of Way TIA Funds	Total Design TIA Funds	Design Local Funds	Total Design Phase Cost (TIA & Local)

ESTIMATED CONSTRUCTION PHASE COST

Construction Engineering TIA Funds	Construction Contract TIA Funds	Total Construction TIA Funds	Construction Local Funds	Total Construction Phase Cost (TIA & Local)

ESTIMATED TOTAL PROJECT COST

	Total Project TIA Funds	Total Project Local Funds	Total Project Cost (TIA & Local)

[1] Predesign Phase is used to clarify the scope of work for complex projects

Section 10 - CERTIFICATION

Registered Engineer's Signature

Date

Typed or Printed Name

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Attachment A - ACCIDENT REDUCTION & ANNUAL BENEFIT

Agency	Date
Computed by	
Arterial & Termini	

ACCIDENT GROUPING AND LOCATION

Type of Accidents

Location of Accidents

ACCIDENT GROUP DATA

Q_{fi} factor = **$32,800**	Q_p factor = **$5,800**	Average Annual Traffic Growth Rate (TGR)	Accident Time Period in Years (ATP)
PDO Accidents	Injuries[1]	Fatalities[1]	Total Accidents

* Show the actual number of injuries and fatalities, not the number of accidents.

ACCIDENT REDUCTION FACTOR CALCULATION

Type of Improvement	Fatality & Injury Reduction Percent	PDO Accident Reduction Percent

$\%\ Reduction_{fi}$ =

$\%\ Reduction_{p}$ =

ANNUAL BENEFIT CALCULATION

Average Growth Rate (G) = $\frac{((TGR)^{10}-1)}{2}$

Annual Benefit = $(1+G)\left[\frac{(Q_{fi})\,(Fatalities + Injuries)}{ATP}(\%Reduction_{fi}) + \frac{(Q_p)\,(PDO)}{ATP}(\%Reduction_{p})\right]$

Annual Benefit $

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Attachment B - ANNUAL BENEFIT SUMMARY SHEET

Agency	Date

Arterial & Termini

Improvement Location	Annual Benefit Per Site

Total Project Annual Benefit $